Date 5-21-59 *Paves od when a like certificate is made by payee on attached bill or bills) Per Fitle (Signature or initials)	The United States, Dr., Payee's Account No. (Payee) (Copy / OF (Payee) (Copy / OF (C	The United States, Dr., Payee's Account No. (Payus) (Copy / OF. ACCOPY / OF. (Copy / OF. (Copy / OF. ACCOPY / OF. ACCOPY / OF. ACCOPY / OF. (Copy / OF. ACCOPY / OS. ACCOPY	The united States, Dr., Payee's Account No. (Payee) (Copy / OF	The United States, Dr., Pagee's Account No. (Pagee) (Pagee) (COPY / COPY /	(Payee) (Payee) (Copy / OF 2 (Copy / OF 2	The United States, Dr., Payee's Account No. (Payee) (Copy / OF		ST REIMBUR	(Department, bureau				-	PAI	D BY
The United States, Dr., Payee's Account No. (Payee) (Address) (Otty) (State) No. and Date of Delivery or Service Date of Delivery or Service Discount Terms Cost Payment: Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. I certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Payee Title Signature or initials Signature or initials	The United States, Dr., Payee's Account No. (Payee) (Address) (City) (State) (Address) (City) (State) No. and Date of Date of Dolivery or Sarvice (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms Cost Cost Cost Use continuation sheet(s) if necessary Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. I certify that the above bill is correct and just and that payment has not began received. (Sign original only) Date 5-21-59 *Pawes Cost Co	The United States, Dr., Payee's Account No. (Payee) (Copy / OF. (C	The united States, Dr., Payee's Account No. (Payee) (Copy / OF	The United States, Dr., Payee's Account No. (Payee) (Payee) (Copy / Copy /	(Payee) (Payee) (Respectively) (Copy / OF 2 (Copy / OF	The United States, Dr., Payee's Account No. (Payee) (Copy / OF / Copy / OF	Voucher prepa	red at							n#
COPY /	COPY OF COPY	COPY OF COPY	To	COPY	(Payee) (Copy / OF 2 Copy / O	To							(nel	
Payment Cost	Cost	Caddress Colty Caddress Colty Caddress Cadd	Cost	PAYMENT: Cost Use continuation sheet(s) if necessary Outside Outsi	(Address) (City) (State) ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply should, and other information deemed necessary) Discount Terms Cost Use continuation sheet(s) if necessary to Weight Government B/L No. (Sign original only) Differences (Sign original only) When a like certificate is made by mayer on attached bill or biblio (Signature or initials) Title (Signature or initials) Amount verified; correct for (Signature or initials) Amount verified; correct for (Signature or initials) Title (Sign original only) Sign Original only) Title (Signature or initials) Sign (Authorized Cortifying Officer) Sign Original Officer) Sign Original Title Only Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Caddress Colty Colty Colty	ine united 3	iaies, di.,	rayees 2	4ccount 1vo				000-366	60-5
No. and Date of Date of Delivery Order Date of Delivery Order Date of Delivery Order Date of Delivery Order Date of Delivery Schedule, and other information deemed necessary QUANTITY QUANTITY Cost Per	Cost	Cost	Cost	Cost	(Address) (City) (State) ARTICLES OR SERVICES (Enter description item number of contract or Federal supply sheekedule, and other information deemed necessary) Discount Terms Cost Use continuation sheet(s) if necessary to Weight Government B/L No. Total \$ City (Fayee must NOT use this space) Differences (Sign original only) When a like certificate is made by mayor on attached bill or billio) Title Cost (Signature or initials) Amount verified; correct for City (Signature or initials) Amount verified; correct for City (Signature or initials) Amount verified; correct for City (Signature or initials) Title Cost Per Dolla Amount verified; correct for City (Signature or initials) Amount verified; correct for City (Signature or initials) SIGN ORIGINAL ONLY Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Cost	To		/D				-	COPY /	OF 2
No. and Date of Order Orde	No. and Date of Order or Service Order (Enter description, item number of contract or Federal supply or Service Order (Enter description, item number of contract or Federal supply clean number of contract or Federal supply Discount Terms Cost Cost Cost Per Do	Cost	Cost	Cost	(Address) (City (State) ARTICLES OR SERVICES (Enter description item rathers of contrect or Federal supply Service Cost (Cost Use continuation sheet(s) if necessary to Weight Government B/L No. (Sign original only) (Signature or initials) (Authorized Certifying Officer) ORIGINAL ONLY Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	No. and Date of Date of Delivery or Service No. and Date of Delivery or Service Center description, item number of contract or Federal supply of Service Cost Cos			(Payer						
PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. I certify that the above bill is correct and just and that payment has not begn received. Cost Per Partial Cost Per Pirite Partial Pirite Pirite Pirite Partial Pirite Pirite Pirite Partial Part	No. and Date of Delivery or Service Date of Delivery or Service Discount Terms Discount Terms Discount Terms Cost Por Do	No. and Date of Delivery Order Date of Delivery Order Date of Delivery Order Discount Terms Discount Terms QUANTITY Cost Per Delivery Discount Terms Discount Terms QUANTITY Cost Per Delivery Discount Terms Discount Terms QUANTITY Cost Per Delivery De	No. and Date of Delivery or Service Cost Cost	PAYMENT: Cost Cos	Cost	No. and Date of Delivery or Service Cost		(Add		(City)		···	•		
PAYMENT: Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not begn received. (Fayee must NOT use this space) Differences Contract No. C (6) Date Reg. No. Date Invoice Rec'd.	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total (Payee must NOT use this space) I certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Payee Fitle (Signature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total 4 certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Page Ittle	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total Secretify that the above bill is correct and just and that payment has not began received. (Sign original only) Date S-21-59	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total 1 certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Parce Fite (Signature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL ONLY Title	Cost Use continuation sheet(s) if necessary to Weight Government B/L No. Total \$ bill is correct and just and that payment has not began received. (Sign original only) Differences (Sign original only) Amount verified; correct for Signature or initials) Amount verified; correct for Signature or initials) CO Date Reg. No. Date Invoice Rec'd. SIGN ORIGINAL ONLY Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Cost Cost C		Date of Delivery	ARTIC (Enter description, item schedule, and other	LES OR SERVICES number of contract or Fed information deemed nece	leral supply	QUANTITY			
PAYMENT: Complete	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pauce Sign original only) Amount verified; correct for Sign ture or initials Sign ture	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total 4 certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pauce Per Title (Signature or initials) Contract No. Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	PAYMENT: Complete	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Pauce Per Title Government B/L No. Total (Fayee must NOT use this space) Differences Amount verified; correct for (Signature or initials) Contract No. Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ (Authorized Certifying Officer) By ORIGINAL ONLY Title Date	Use continuation sheet(s) if necessary to Weight Government B/L No. Total \$ bill is correct and just and that payment has not begn received. (Sign original only) **Page	PAYMENT: Complete	Order	or service					Cost	Per	Dolla
PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Page Owners like certificate is made by pages on attached bill or bills) Amount verified; correct for Signature or initials) Contract No. Other Reg. No. Date Invoice Rec'd.	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pauce Sign original only) Amount verified; correct for Sign ture or initials Sign ture	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total 4 certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pauce Per Title (Signature or initials) Contract No. Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	PAYMENT: Complete	PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Pauce Contract No. Title Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ (Authorized Certifying Offleer) Sign Original No. Contract No. Contra	Use continuation sheet(s) if necessary to Weight Government B/L No. Total \$ bill is correct and just and that payment has not began received. (Sign original only) Differences Gign original only) Amount verified; correct for Gignature or initials) Title Req. No. Date Invoice Rec'd. SIGN ORIGINAL ONLY Date Date CAuthorized Certifying Officer) Date Date Date Payment. Title ORIGINAL ONLY Date Date Date Date ORIGINAL ONLY Date	PAYMENT: Complete									
Complete Partial Similar Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total Final Officertify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Paves Officerences Officeren	Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pave Government B/L No. Differences (Sign original only) Date Fer Title Signature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL Title	Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total Generality that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Page Title Gignature or initials Final Generality Government B/L No. Total Generality Government B/L No. Government B/	Complete Partial Parti	Complete	to Weight Government B/L No. Total \$ bill is correct and just and that payment has not been received. (Sign original only) *Paves bd when a like certificate is made by payer on attached bill or bills) Title	Complete Partial Partial			Cost						\$
Complete	Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pave Government B/L No. Differences (Sign original only) Date Fer Title Signature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL Title	Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total Generality that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Page Title Gignature or initials Final Generality Government B/L No. Total Generality Government B/L No. Government B/	Complete Partial Parti	Complete	to Weight Government B/L No. Total \$ bill is correct and just and that payment has not been received. (Sign original only) *Paves bd when a like certificate is made by payee on attached bill or bills) Title	Complete Partial Dispersion									
Complete	Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pave Government B/L No. Differences (Sign original only) Date Fer Title Signature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL Title	Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total Generality that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Page Title Gignature or initials Final Generality Government B/L No. Total Generality Government B/L No. Government B/	Complete Partial Parti	Complete	to Weight Government B/L No. Total \$ bill is correct and just and that payment has not been received. (Sign original only) *Paves bd when a like certificate is made by payee on attached bill or bills) Title	Complete Partial Dispersion				•					ĺ
Complete	Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pave Government B/L No. Differences (Sign original only) Date Fer Title Signature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL Title	Complete Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total Generality that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Page Title Gignature or initials Final Generality Government B/L No. Total Generality Government B/L No. Government B/	Complete Partial Parti	Complete	to Weight Government B/L No. Total \$ bill is correct and just and that payment has not been received. (Sign original only) *Paves bd when a like certificate is made by payer on attached bill or bills) Title	Complete Partial Dispersion									
Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Pave Per	Partial Final Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Page Fitle Gignature or initials) Contract No. Date Invoice Rec'd. Amount verified; correct for (Signature or initials) Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ (Authorized Certifying Officer) SIGN ORIGINAL Title	Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total (Payee must NOT use this space) I certify that the above bill is correct and just and that payment has not begn received. (Sign original only) Date 5-21-59 *Payee	Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total Secretify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Parce Weight Government B/L No. Total Secretify that the above bill is correct and just and that payment has not been received. Differences	Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pave Ontract No. O / Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL ONLY Title Cauthorized Certifying Officer) Sign Original Only On	to Weight Government B/L No. Total \$ bill is correct and just and that payment has not been received. (Sign original only) *Paves bd when a like certificate is made by payer on attached bill or bills) Title	Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. Total Shipped from to Weight Government B/L No. Total Shipped from to Weight Government B/L No. Total Shipped from to Weight Government B/L No. Total Shipped from to Weight Government B/L No. Total Shipped from to Weight Government B/L No. Total Shipped from the shippe	_								
Shipped from to Weight Government B/L No. I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Payer Fitle (Signature or initials) Contract No. Differences (Signature or initials) Amount verified; correct for (Signature or initials)	Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Payee Fitle (Signature or initials) Contract No. Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL Title	Shipped from to Weight Government B/L No. Total Secretify that the above bill is correct and just and that payment has not been received. Contract No.	Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Paves Per	Shipped from to Weight Government B/L No. Total	to Weight Government B/L No. Total \$ bill is correct and just and that payment has not been received. (Sign original only) *Paves bd when a like certificate is made by payer on attached bill or bills) Title	Shipped from to Weight Government B/L No. Total secretify that the above bill is correct and just and that payment has not been received. Contract No.	· _								
Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Payer Title (Signature or initials) Contract No. Date Invoice Rec'd.	Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Page Title Gignature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL Title (Signature or initials) (Authorized Certifying Officer)	Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Page Date Sign Date	Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Pauce Contract No. C C Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ C Only	Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. Cign original only) Date 5-21-59 *Payer Title Government B/L No. (Payer must NOT use this space) Differences Amount verified; correct for (Signature or initials) Contract No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL ONLY Title	to Weight Government B/L No. Total \$ bill is correct and just and that payment has not been received. (Sign original only) *Paves bd when a like certificate is made by payer on attached bill or bills) Title	Shipped from to Weight Government B/L No. Total I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Page Ontract No. Cold Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ Italian Contract No. Cold Contract No. Contract No.			I las auntino	untion about(a) if management					
Lectify that the above bill is correct and just and that payment has not been received. Career must NOT use this space	Lectify that the above bill is correct and just and that payment has not been received. Cartify that the above bill is correct and just and that payment has not been received. Differences	I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Paves Owhen a like certificate is made by payee on attached bill or bills) Per	I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Paves Differences Differences	Leertify that the above bill is correct and just and that payment has not begn received. Carpet for payment	bill is correct and just and that payment has not been received. (Sign original only) Differences Office and just and that payment has not been received. (Sign original only) Amount verified; correct for and initials) C(C) Date Reg. No. Date Invoice Rec'd. Signature or initials) Sign Original only Title (Authorized Certifying Officer) ORIGINAL ONLY Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	I certify that the above bill is correct and just and that payment has not been received. (Sign original only) Date 5-21-59 *Page					ment B/L No.		1	Total	\$
Differences	Date 5-21-59 *Pauce Differences Per	Date 5-21-59 *Paves bd when a like certificate is made by payee on attached bill or bills) Per	Date	Date	(Sign original only) *Pauce Differences Differences Amount verified; correct for C (C Date Reg. No. Date Invoice Rec'd. Sign ture or initials Sign Sign C (Authorized Certifying Officer) Only Date Date Reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Date 5-21-59 *Paves Date 5-21-59 Paves Differences Date Differences Date Differences Differences Date Differences Differences Differences Date Differences Differences Differences Date Differences Differences Date Differences Differences Date Differences Differences Differences Differences Date Differences					(Pay	ree must NO	T use this	space)	
Date 5-21-59 *Pauce Date 5-21-59 Pauce Date Dat	Date	Date	Date 5-21-59 *Page Date 5-21-59 Page Date Da	Date	Amount verified; correct for (Signature or initials) Title Req. No. Date Invoice Rec'd. Sted in me, I certify that this account is correct and proper for payment. ORIGINAL ONLY Date Date CAuthorized Certifying Officer) Date Reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Date 5-21-59 *Paves Per	·	pove bill is correct	sandijus andromas payment	nuo nob mogrą roccivous	Differen	1ces			
Per Contract No. C / C / Date Reg. No. Date Invoice Rec'd.	Per Title (Signature or initials) Amount verified; correct for (Signature or initials)	Per	Per	Per Fitle (Signature or initials) Contract No.	Amount verified; correct for	Per	L		(Sign original only)						
Per Contract No. C / C / Date Reg. No. Date Invoice Rec'd.	Per Title (Signature or initials) Amount verified; correct for (Signature or initials)	Per	Per	Per Fitle (Signature or initials) Contract No.	Amount verified; correct for	Per	- 5015	0					-,		
Per (Signature or initials) Contract No.	Per	Per	Per	Per	Title	Per	Date	7 *Paves	ed when a like certifi	oats is made by payee on attached bill or	bitle) Amo	unt verified:	correct fo		\$6
Contract No. CC 10 1 Date Reg. No. Date Invoice Rec'd.	Contract No. Contract No. Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL Title	Contract No. Color Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	Contract No.	Contract No.	sted in me, I certify that this account is correct and proper for payment. Content of the con	Contract No. Contract No. Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$ SIGN ORIGINAL ONLY Title Date The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Per		Title		1		•	l	
	Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$	sted in me, I certify that this account is correct and proper for payment. Totale	Pursuant to authority vested in me, I certify that this account is correct and proper for payment. † Approved for \$		616) Date	Reg. No.		Date		Invoice Rec'	ď.
Fursuant to authority vested in me, I terrify that this account is correct and proper for payments	† Approved for \$	SIGN ORIGINAL ONLY Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	† Approved for \$ †	D	ity wasted in me	I cartify that this account is o	orrect and proper for paym	ent.							
·	SIGN ORIGINAL Title	By	By SIGN ORIGINAL ONLY Title Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	By	SIGN ORIGINAL Title ONLY Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	By ORIGINAL ONLY Title Title Date The reverse of this form must be executed when purchases are made or services secured without written agreement in any form				orrect and proper for pays.					
† Approved for \$ (Authorized Certifying Officer)	ORIGINAL Title	By	By ORIGINAL ONLY Title Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	By ORIGINAL ONLY Title Title Date	ORIGINAL ONLY Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	† Approved for \$			Ţ-		(Authori	zed Certify	ing Officer)	
ORIGINAL Title	Dy ONLY	Title	Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title Date	Date REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Re			ORIGINAL Tit	le				
ONLY		11/10 + + + + + + + + + + + + + + + + + + +	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	11/1/	REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Бу	*******************		ONLY					
TitleDate	Title Date	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM		THE DEVELOR OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM			Title			Da	te				
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM			ACCOUNTING OF ACCUSION (Assessment Secretary and Assessment Secretary a	THE REPERCE OF THIS TORM MICES DE BIRDOTED WILL TORONTOLO ME MILES TORONTOLO ME		ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)		THE REVERSE OF TH	HIS FORM MUST BE EXECUTED WHEN	PURCHASES ARE MADE OR SERV	CES SECURED WITE	IOUT WRITTEN	AGREEMENT	IN ANY FORM	
			ACT CHING INC. I LANSIER ALLER LANDFORGERION SYMPOLYMIST DE SOOWN: OTHER CISSENCATION OFTODAL)	ACCOUNTING OF ASSIFICATION (Appropriation Symbol must be shown; other classification optional)	ACCOUNTING OF ASSIFICATION (Appropriation Symbol must be shown; other classification optional)	ACCOUNTING CLINOSIA IONATON (Appropriation Systems are state and state of the state		ACCOLL	NTING CLASSIFICATION (Appropriation Symbol mus	t be shown: otl	er classifica	tion optio	nal)	
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM			ACCOUNTING CLASSIFICATION (Appropried Superior Appropried Superior	THE REPERSE OF THIS TORM MOST BE BELLOCALD WHEN TO MOST BE SHOULD		ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)		THE REVERSE OF TI	HIS FORM MUST BE EXECUTED WHEN	PURCHASES ARE MADE OR SERV	ICES SECURED WITE	IOUT WRITTEN	AGREEMENT	IN ANY FORM	
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)													
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)													
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)													
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)					•								
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)													
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)													
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)													
	THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) (Charle No. 2015)	(Challe No. dated 19 for \$ fon Treasurer of the United St	Check No for \$	Check No dated, 19, for \$ for \$ for \$ for \$ for \$ for \$		Check No dated, 19, for \$ fon Treasurer of the United St	Check I	<u></u>	dated	, 19, for \$			{on Tr	easurer of the	United Sta